



State of New Hampshire 2013 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/26/2014

Business ID: 263155

William M. Gardner

Secretary of State

GERRY'S VARIETY, INC.

66 LINCOLN ST
EXETER, NH 03833

ADDRESS OF PRINCIPAL OFFICE:

66 LINCOLN ST
EXETER, NH 03833

REGISTERED AGENT AND OFFICE:

WOODS, STEPHEN J C, ESQ
2 FRANKLIN STREET
EXETER, NH 03833

ENTITY TYPE: CORPORATION

BUSINESS ID: 263155

STATE OF DOMICILE: NEW HAMPSHIRE

MDSE SELL DISTRIBUTE (WHOLESALE/RETAIL) ETC FOOD & FOOD
STUFFS, GROCERIES, ETC.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Laurie Hunt Goupil

STREET 37 Bell Ave

CITY/STATE/ZIP Exeter NH 03833

TREAS. Laurie Hunt Goupil

STREET 37 Bell Ave

CITY/STATE/ZIP Exeter NH 03833

SEC'Y. Laurie Hunt Goupil

STREET 37 Bell Ave

CITY/STATE/ZIP Exeter NH 03833

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Laurie Hunt Goupil

STREET 37 Bell Ave

CITY/STATE/ZIP Exeter NH 03833

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Christopher T Hilson

Please print name and title of signer:

Christopher T Hilson

/

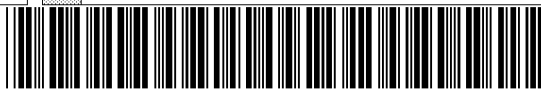
AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



026315520131504

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301